

## **IC 16-31-2**

### **Chapter 2. Indiana Emergency Medical Services Commission**

#### **IC 16-31-2-1**

##### **Creation**

Sec. 1. The Indiana emergency medical services commission is created.

*As added by P.L.2-1993, SEC.14.*

#### **IC 16-31-2-2**

##### **Membership**

Sec. 2. (a) The commission is composed of eleven (11) members. The governor shall appoint the members for four (4) year terms as follows:

- (1) One (1) must be appointed from a volunteer fire department that provides emergency medical service.
- (2) One (1) must be appointed from a full-time municipal fire or police department that provides emergency medical service.
- (3) One (1) must be a nonprofit provider of emergency ambulance services organized on a volunteer basis other than a volunteer fire department.
- (4) One (1) must be a provider of private ambulance services.
- (5) One (1) must be a state certified paramedic.
- (6) One (1) must be a licensed physician who:
  - (A) has a primary interest, training, and experience in emergency medical services; and
  - (B) is currently practicing in an emergency medical services facility.
- (7) One (1) must be a chief executive officer of a hospital that provides emergency ambulance services.
- (8) One (1) must be a registered nurse who has supervisory or administrative responsibility in a hospital emergency department.
- (9) One (1) must be a licensed physician who:
  - (A) has a primary interest, training, and experience in trauma care; and
  - (B) is practicing in a trauma facility.
- (10) One (1) must be a state certified emergency medical service technician.
- (11) One (1) must be an individual who:
  - (A) represents the public at large; and
  - (B) is not in any way related to providing emergency medical services.

(b) The chief executive officer of a hospital appointed under subsection (a)(7) may designate another administrator of the hospital to serve for the chief executive officer on the commission.

(c) Not more than six (6) members may be from the same political party.

*As added by P.L.2-1993, SEC.14. Amended by P.L.110-2000, SEC.1.*

### **IC 16-31-2-3**

#### **Vacancies**

Sec. 3. An appointment to fill a vacancy occurring on the commission is for the unexpired term.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-4**

#### **Compensation and expenses**

Sec. 4. (a) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the commission who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-5**

#### **Meetings**

Sec. 5. The commission may meet as often as is necessary upon call of the chairman but meetings shall be held at least four (4) times each year.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-6**

#### **Seal**

Sec. 6. The commission may adopt and use a seal, the description of which shall be filed at the office of the secretary of state, which may be used for the authentication of the acts of the commission.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-7**

#### **Emergency medical program; emergency medical services; financial assistance**

Sec. 7. The commission shall do the following:

(1) Develop and promote, in cooperation with state, regional, and local public and private organizations, agencies, and persons, a statewide program for the provision of emergency medical services that must include the following:

(A) Preparation of state, regional, and local emergency ambulance service plans.

(B) Provision of consultative services to state, regional, and local organizations and agencies in developing and implementing emergency ambulance service programs.

(C) Promotion of a statewide system of emergency medical service facilities by developing minimum standards, procedures, and guidelines in regard to personnel, equipment, supplies, communications, facilities, and location of such centers.

(D) Promotion of programs for the training of personnel providing emergency medical services and programs for the education of the general public in first aid techniques and procedures. The training shall be held in various local communities of the state and shall be conducted by agreement with publicly and privately supported educational institutions or hospitals licensed under IC 16-21, wherever appropriate.

(E) Promotion of coordination of emergency communications, resources, and procedures throughout Indiana and, in cooperation with interested state, regional, and local public and private agencies, organizations, and persons, the development of an effective state, regional, and local emergency communications system.

(F) Organizing and sponsoring a statewide emergency medical services conference to provide continuing education for persons providing emergency medical services.

(2) Regulate, inspect, and certify services, facilities, and personnel engaged in providing emergency medical services as provided in this article.

(3) Adopt rules required to implement an approved system of emergency medical services.

(4) Apply for, receive, and accept gifts, bequests, grants-in-aid, state, federal, and local aid, and other forms of financial assistance for the support of emergency medical services.

(5) Employ necessary administrative staff.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-8**

#### **First responder training and certification; reciprocal certification for military personnel**

Sec. 8. The commission may do the following:

(1) Develop training and certification standards for first responders under this article.

(2) Require first responders to be certified under the standards developed under subdivision (1).

(3) Develop reciprocal certification training standards for individuals who have received medical training by a branch of the United States armed forces.

*As added by P.L.2-1993, SEC.14.*

### **IC 16-31-2-9**

#### **Emergency medical personnel; standards**

Sec. 9. The commission shall establish the following:

(1) Standards for persons who provide emergency medical services and who are not licensed or regulated under IC 16-31-3.

(2) Training and certification standards for the use of automatic

and semiautomatic defibrillators by first responders.

(3) Training and certification standards for the administration of antidotes, vaccines, and antibiotics to prepare for or respond to a terrorist or military attack.

(4) Training and certification standards for the administration of epinephrine through an auto-injector by:

(A) an emergency medical technician; or

(B) an advanced emergency medical technician.

(5) Training and certification standards to permit the use of antidote kits for the treatment of exposure to chemical agent VX (nerve agent) by advanced emergency medical technicians and emergency medical technicians who work for emergency medical service providers located in:

(A) a county having a population of more than eight thousand (8,000) but less than nine thousand (9,000);

(B) a county having a population of more than sixteen thousand seven hundred (16,700) but less than seventeen thousand (17,000);

(C) a county having a population of more than seventeen thousand (17,000) but less than seventeen thousand five hundred (17,500);

(D) a county having a population of more than seventeen thousand five hundred (17,500) but less than eighteen thousand (18,000);

(E) a county having a population of more than thirty-six thousand (36,000) but less than thirty-six thousand seventy-five (36,075);

(F) a county having a population of more than thirty-seven thousand (37,000) but less than thirty-eight thousand (38,000); and

(G) a county having a population of more than one hundred five thousand (105,000) but less than one hundred ten thousand (110,000).

*As added by P.L.2-1993, SEC.14. Amended by P.L.156-2001, SEC.2; P.L.17-2002, SEC.4; P.L.93-2002, SEC.2.*

## **IC 16-31-2-10**

### **Technical advisory committee**

Sec. 10. (a) In adopting rules concerning the duties of the commission, the commission shall appoint a technical advisory committee.

(b) Members of the technical advisory committee shall be selected by the commission subject to the approval of the governor on the basis of technical expertise and competency in the specific area of emergency medical service concerned.

(c) Each member of a technical advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana

department of administration and approved by the budget agency.

(d) Each member of a technical advisory committee who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

*As added by P.L.2-1993, SEC.14.*

## **IC 16-31-2-11**

### **Pre-hospital ambulance rescue and report records**

Sec. 11. (a) The commission shall develop procedures for ongoing review of all emergency ambulance services.

(b) The commission may review any pre-hospital ambulance rescue or report record regarding an emergency patient that is utilized or compiled by an emergency ambulance service employing paramedics, emergency medical technicians, or advanced emergency medical technicians. However, except as provided in subsection (d), those records shall remain confidential and may be used solely for the purpose of compiling data and statistics. The use of such data or statistics is subject to IC 4-1-6.

(c) The commission may develop and oversee experimental study projects conducted by ambulance service providers in limited geographic areas of Indiana. These study projects must be developed and conducted in accordance with rules adopted by the commission under IC 4-22-2. These study projects must be designed to test the efficacy of new patient care techniques and new ambulance service systems.

(d) This subsection applies to emergency ambulance services that are provided by or under a contract with an entity that is a public agency for purposes of IC 5-14-3. The following information, if contained in a pre-hospital ambulance rescue or report record regarding an emergency patient, is public information and must be made available for inspection and copying under IC 5-14-3:

- (1) The date and time of the request for ambulance services.
- (2) The reason for the request for assistance.
- (3) The time and nature of the response to the request for ambulance services.
- (4) The time of arrival at the scene where the patient was located.
- (5) The time of departure from the scene where the patient was located.
- (6) The name of the facility, if any, to which the patient was delivered for further treatment and the time of arrival at that facility.

*As added by P.L.2-1993, SEC.14. Amended by P.L.127-2001, SEC.2.*